



# Clinical Congress News

The American College of Surgeons • 82nd Clinical Congress • October 6-11, 1996 • San Francisco

## AAOO centennial of care commemorated

In yesterday's Opening Ceremony Lecture commemorating 100 years of otorhinolaryngologic and ophthalmologic care, Frank E. Lucente, MD, FACS, predicted that "the enduring quality of our predecessors will bring us forward." In "The American Academy of Ophthalmology and Otolaryngology Centennial: Using Past Achievements to Address Future Challenges," Dr. Lucente traced the steady yet remarkable 100-year growth of the American Academy of Ophthalmology and Otolaryngology (AAOO) from its origin in 1896 through its adaptation to the present day. Dr. Lucente is professor and chairman, department

of otolaryngology, State University of New York Health Science Center in Brooklyn.

In 1896, began Dr. Lucente, Hal Foster, an otolaryngologist, founded the Western Ophthalmological, Otological, Laryngological, Rhinological Society: a weighty name, he pointed out, yet one that reflected the interspecialty cooperation present at the society's inception. This early society, he continued, was instrumental in the creation of the first medical specialty board in 1916, the American Board of Ophthalmology, which, he added, was followed soon after by the establishment of the American Board of Otolaryngology (1921).

The keys to success for the early AAOO, Dr. Lucente continued, were streamlined organizational structure, an awareness of its members' educational needs, and attentiveness to the public's medical needs. As early as 1909, he said, the AAOO demonstrated an interest in such public health issues as noise and pollution.

By 1917, Dr. Lucente said, the AAOO had established what today is still "the backbone of our meetings," an instruction course program designed to elevate the education and training of physicians.

In addition to its continued interest in public health, research, inter-spe-

cialty relations, and physician training, the AAOO, by the 1960s and 1970s, had expanded its mission to encompass socioeconomic, political, and advocacy issues as well. At this point, Dr. Lucente said, it became necessary to dissolve the one large organization and create two successor academies to best address the various specialty needs.

Today, Dr. Lucente concluded, both the American Academy of Otorhinolaryngology-Head and Neck Surgery, Inc., and the American Academy of Ophthalmology look to the future and strive for the day when "freedom from disease and disfigurement is a reality."

## Perot posits physicians are poised on perfect precipice

"Yours is a noble profession," according to H. Ross Perot, who presented yesterday's American Urological Association Lecture, "Preparing America for the 21st Century," in which he beseeched surgeons to immediately assume leadership roles in patient advocacy and health care reform.

In addition to a renowned public affairs profile, Mr. Perot has demonstrated an interest in Medicare reform, and, according to lecture introducer Harold C. Urschel, Jr., MD, FACS, of Dallas, TX, has "written the bible for the healthy restructuring of medical care" in this country.

Mr. Perot said that part of the "nobility" of the surgical profession is grounded in the fact that surgeons spend approximately 15 years of education in preparation to perform their skills.

However, he said that this noble profession may be irrevocably damaged if physicians don't act quickly to bring about change for the next generation of doctors. Continuing this point, he predicted that if changes do not occur soon in the medical arena, "some young person" may not want to spend 15 years "to become a clerk in a hospital."

Now, while "everyone is floundering," Mr. Perot said it is the "perfect moment for doctors to seize the opportunity to put the patient first." In out-

lining how to initiate reform, Mr. Perot told the audience, "Do this the way you do medical research," first by analyzing the problem and then by exploring various alternatives.

One step toward change, he said, is to "build the most powerful coalition," one of both patients and physicians. He encouraged surgeons to involve patients in legislative and regulatory issues by communicating with them personally or through written correspondence. Mr. Perot pointed out that

patients tend to trust their physician more than their congressional representative, and that "you have earned and must never violate that trust."

He told the audience that today's opportunity to influence health care reform may not come again soon, and it is now that physicians can "determine health care in this country in the 21st century."

Mr. Perot acknowledged that striving for change in the health care environment will be a difficult task for

physicians, and suggested that when the effort seems too great, surgeons should remember Arlington National Cemetery, the Vietnam Memorial, or the travails of the Revolutionary War minutemen—all as reminders of the tremendous sacrifices made by others to shape the future of America.

Of surgeons seizing a leadership role in the effort to shape health care reform, Mr. Perot said, "This can be done, it should be done, and it must be done" for the 21st century.



Congress attendees began their educational journey at convention registration on Monday morning.



# Surgical Forum XLVII dedicated to Dr. Folkman

**T**he 47th volume of the *Owen H. Wangenstein Surgical Forum* will be dedicated to M. Judah Folkman, MD, FACS, at Tuesday morning's panel discussion, "The Role of Genetic Markers." The panel is sponsored by the Committee for the Forum on Fundamental Surgical Problems, and will convene at 10:45 am in Room 102 of Moscone Center.

Born in Cleveland, OH, Moses Judah Folkman went to Ohio State University (1950-1953) and worked in the laboratory of Robert Zollinger, MD, FACS, co-authoring papers describing new techniques for hepatectomy for liver cancer. He obtained his medical degree in 1957 from Harvard Medical School, where he worked in Dr. Robert Gross' laboratory and developed the first atrio-ventricular implantable pacemaker, and performed experiments that led to his first Surgical Forum presentation in 1956.

From 1960 to 1962, Dr. Folkman was a lieutenant in the U.S. Navy at the National Naval Medical Center in Bethesda, MD. It was here that Dr. Folkman, along with David Long, first reported the use of silicone rubber implantable polymers for the sustained release of drugs. This study led di-

rectly to the development of Norplant, an implantable contraceptive now used throughout the world. It was also in Bethesda that Dr. Folkman carried out the experiments of growing tumors in isolated perfused organs, which led to the idea that tumors are angiogenesis-dependent.

Dr. Folkman joined Harvard's Surgical Service at the Boston City Hospital in 1965, where he was appointed as instructor in surgery and associate director of the Sears Surgical Laboratory. He received a Research Career Development Award from the National Cancer Institute that same year. In 1967, he was promoted to professor of surgery at Harvard Medical School and to surgeon-in-chief at the Children's Hospital Medical Center in Boston, MA, where he became the Julia Dyckman Andrus Professor of Pediatric Surgery in 1968. Dr. Folkman began his major laboratory effort on the study of angiogenesis, and in 1981 was named to his current position of senior associate in surgery and director of Surgical Research Laboratory at Children's Hospital.

Dr. Folkman has received many

awards and honors from prestigious national and international organizations. He received a 10-year MERIT Award in 1989 from the National Cancer Institute. He was elected to the National Academy of Sciences and the Institute of Medicine in 1990 in recognition of his research on angiogenesis. In addition, Dr. Folkman is the author of over 250 peer-reviewed papers.

In his dedication of the *Surgical Forum* volume to Dr. Folkman, David Tapper, MD, FACS, states: "Dr. Folkman's discoveries on the mechanism of angiogenesis opened a field of investigation now pursued worldwide. His laboratory reported the first purified angiogenic molecule, the first angiogenesis inhibitor, proposed the concept of angiogenic disease, and has begun clinical trials based on this research...He developed almost all of the methodology for this field, including the first cloning and culture of capillary endothelial cells, sustained release polymer technology, and in vivo bioassays...Perhaps most rewarding to this unparalleled teacher and scientist is the knowledge that he has helped over 75 students and residents deliver over 25 presentations at the Surgical Forum. It is quite appropriate



Dr. Folkman

that in this year that marks the 40th anniversary of Dr. Folkman's first presentation at the Surgical Forum, the 47th volume is dedicated in his honor."

In addition to the dedication of *Surgical Forum Volume XLVII*, Tuesday's panel will examine the role of genetic markers regarding cancer of the medullary thyroid, kidneys, breast, and pancreas.

## Standards for stereotactic breast biopsy to be focus of national hearing

**W**hen the Mammography Quality Standards Act became law in 1992, national standards for screening mammography for facilities and physicians were established. The Food and Drug Administration (FDA) is administering the act and is working closely with its advisory body—the National Mammography Quality Assurance Advisory Committee (NMQAAC)—on refining the regulations for screening mammography and on establishing

new standards and regulations for stereotactic breast biopsy (SBB).

The NMQAAC will hold a hearing in Bethesda, MD, October 21-23, during which the issue of accreditation of facilities and physicians to perform SBB will be a major agenda item. David P. Winchester, MD, FACS, Medical Director of the ACS Cancer Department, will represent the College at the hearing.

In recent months, the American College of Surgeons and the American College of Radiology have been working closely together to develop a consen-

sus and present a united front on this issue. A joint task force of the two Colleges and the College of American Pathologists has been working on developing guidelines on SBB, which will be discussed at the October 21-23 hearing. The use of ultrasound will not be addressed because the FDA does not plan to look at that technique.

Three surgeons who have had extensive experience with SBB and who have performed the procedure many times will testify at the hearing. They are: Philip Z. Israel, MD, FACS,

Marietta, GA; R. Phillip Burns, MD, FACS, Chattanooga, TN; and Kampiz Towlatschahi, MD, Chicago, IL.

Of special interest during the Clinical Congress, Dr. Winchester will give a presentation on Tuesday, October 8, entitled, "Can We Teach Stereotactic Breast Biopsy Techniques to Residents?" during a panel discussion on new surgical techniques being sponsored by the Association of Program Directors in Surgery. The panel will be held 1:30 pm - 4:30 pm, Moscone Center, Room 304.

The following companies have supported the Clinical Congress with advertisements in the Exhibit Guide section of this issue:

Appleton & Lange  
Applied Medical Resource  
Bayer Corporation/Pharmaceutical Division  
Circon Corporation  
Cogent Light  
Davol Inc.  
Ethicon Endo-Surgery  
Ethikill, A Division of Ethicon  
Fischer Imaging Corporation

Genzyme Corporation  
LORAD Medical Systems  
MedChem Products, Inc.  
MegaDyne Medical Products, Inc.  
ME 92 Operations  
Meadox Medicals/Boston Scientific Corporation  
Rhône-Poulenc Rorer Pharmaceuticals, Inc.  
United States Surgical Corporation

## Clinical Congress News

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The Board of Regents met on Saturday. Pictured here are (top row, left to right): Ronald E. Rosenthal, New Hyde Park, NY; Richard R. Sabo, Bozeman, MT; Thomas R. Russell, San Francisco, CA; Jonathan L. Meakins, Montreal, PQ; Bernard Langer, Toronto, ON; Harvey W. Bender, Jr., Nashville, TN; C. James Carrico, Dallas, TX; Paul H. Ward, Los Angeles, CA; and Thomas J. Krizek, Tampa, FL. Bottom row, left to right: Paul E. Collicott, Lincoln, NE; Samuel A. Wells, Jr., Vice-Chairman, St. Louis, MO; LaSalle D. Leffall, Jr., President, Washington, DC; Seymour I. Schwartz, Chairman, Rochester, NY; Margaret F. Longo, Lafayette, LA; Theodore Lawwill, Prospect, KY; Paul C. Peters, Dallas, TX; Roger S. Foster, Jr., Atlanta, GA; and Edward R. Laws, Jr., Charlottesville, VA. Not pictured: George D. Wilbanks, Chicago, IL.

## Governors consider future of medical education

**O**n Sunday afternoon the Board of Governors convened a panel presentation at the Hilton to consider the short- and long-term effects of health care reform on graduate medical education (GME) in this country. Edward M. Copeland III, MD, FACS, Chairman of the Board of Governors, served as moderator for the session.

The first speaker was Lazar Greenfield, MD, FACS, F. A. Collier Professor and chairman, department of surgery, University of Michigan, Ann Arbor. Dr. Greenfield discussed "Critical Faculty Mass for Graduate Medical Education." He stated that from 1966 to 1996 the faculty in medical schools grew from 17,149 to 91,451 individuals.

According to Dr. Greenfield, the managed care environment has had an impact on academic institutions in the following areas: an increase in obligations—in the teaching, clinical care, research, and administration arenas; GME—recruitment, evaluation, and mentoring; and student/postgraduate

teaching. "There is a limit as to what physician/teachers can do to provide quality patient care in a training environment," he said. Dr. Greenfield believes that, in the near future, an opportunity will exist for GME faculty to develop innovative treatment strategies that are attractive to patients and still in compliance with managed care strategems. "We're smart enough to make the necessary adjustments to the managed care challenge," Dr. Greenfield concluded.

The second speaker was J. Roland Folse, MD, FACS, professor and chairman, department of surgery, Southern Illinois University School of Medicine, Springfield, IL, and current Chairman of the ACS Graduate Medical Education Committee. Dr. Folse spoke on "The Effect of Health Care Reform on Resident Education and Surgical Research."

Dr. Folse believes that "medical education and research is the glue that holds academic centers together." He told the audience that to survive in the

near future, medical centers must integrate research and service delivery. He outlined trends that have affected GME and research to date, including: the bottom-line orientation of managed care, the diminished need for specialists, changes in the training environment and the reduction of team approach modalities, shifts in the locus of control in academic medical centers, institutional obstacles to educational reform, and the separation of the clinician and the research scientist.

In commenting on the effects these trends might have on the future of resident education and surgical research, Dr. Folse stated that academic institutions "must continue to hold high the values and principles of training that make graduate medical education in this country the finest in the world."

The third speaker was Michael E. Whitcomb, MD, senior vice-president, Association of American Medical Colleges, Washington, DC. Dr. Whitcomb spoke on "Strategies for Medical Student Education in an Era of Decreased Funding."

Dr. Whitcomb stated that the looming challenge of resource constraints under managed care focuses on the following: (1) a reduction of medical school revenues—including faculty practice revenues, research funds, university allocations, and gifts and endowment income; (2) the escalating cost of educating medical students; and (3) the increased costs associated with new technology and information systems.

According to Dr. Whitcomb, medical schools should consider undertaking

the following activities to meet these financial challenges: reforms in cost accounting methods and budgeting, reformation of faculty/staff relationships, development of institutional partnerships, and active promotion of medical school programming in the local community. "Unless we address the financial challenges to graduate medical education immediately, I'm afraid our current level of quality training and research cannot be maintained," Dr. Whitcomb concluded.

The fourth speaker was George Sheldon, MD, FACS, professor and chairman, department of surgery, University of North Carolina School of Medicine, Chapel Hill. Dr. Sheldon spoke on "The Manpower Issue on a National Level."

Dr. Sheldon noted that this country experienced a physician shortage until just after World War II. He outlined the methodology and findings of a number of studies regarding workforce issues undertaken since that time. Current data from HMOs in the U.S. indicate that the movement to have a generalist-based physician workforce has been accomplished, Dr. Sheldon said.

As other countries overproduce their physician workforce, Dr. Sheldon said, the influx of medical graduates from abroad continues to have an effect on the annual supply of generalists and specialists. "The egress of international medical graduates is really a wild card issue, with its cumulative effect on graduate medical education in this country still to be determined. It bears watching closely," Dr. Sheldon concluded.

## Managed care information highway

If you have questions about or are having problems with managed care, be sure to stop by the managed care information booth in the North Lobby of Moscone Center. Sponsored by the College's Socioeconomic Affairs Department, the booth is staffed by a professional managed care consultant from Conomikes Associates, Inc., who will provide a complimentary consultation on managed care issues and problems.

Fellows can also stop by the booth and register for any of the College's managed workshops that are scheduled for 1996-1997.



# 1997 trauma meeting set for Las Vegas

**T**he Western States Committee on Trauma will sponsor its 30th postgraduate course, Trauma and Critical Care—1997, March 17-19, 1997, at Caesars Palace in Las Vegas, NV. During the past 30 years, surgeons from across the United States, and, more recently, from around the world, have journeyed to Las Vegas each spring to participate in the world's largest trauma postgraduate course. Available meeting space dictates that the 1997 course will be limited to the first 900 registrants.

The program committee for the meeting consists of Kenneth L. Mattox, MD, FACS (Chairman), David B. Hoyt, MD, FACS, M. Margaret Knudson, MD, FACS, Donald D. Trunkey, MD, FACS, Matthew J. Wall, MD, FACS, and Mary Allen (Program Coordinator).

Among the meeting's highlights will be G. Tom Shires, MD, FACS, who will continue his tradition of providing the

annual trauma center literature update, this year bridging 30 years of trauma publications, contrasting the changes and highlighting the latest treatment trends. A luncheon address will be presented by Anthony A. Meyer, MD, FACS, president of the American Association for the Surgery of Trauma, and will focus on advanced technology for trauma diagnosis and management.

Breakfast sessions, which were initiated last year and were well received, will again be presented. One breakfast session will be moderated by Donald D. Trunkey, MD, FACS, who, along with panelists Demetrios Demetriades, MD, PhD, FACS, and Charles E. Lucas, MD, FACS, will discuss and debate the issues of damage control. Have we taken damage control too far? How much is too much of a good thing? Another breakfast session, "Surf the WebNet" includes Norman E. McSwain, MD, FACS, Matthew J. Wall, MD, FACS,

and M. Margaret Knudson, MD, FACS, and demonstrates what is new and useful for your practice from the Internet.

The always popular and ever-controversial annual trauma debate will feature three experts whose views of prehospital care vary significantly. Kimball I. Maull, MD, FACS, is a long-time proponent of helicopter transport; Norman E. McSwain, MD, FACS, has long championed the ground life support ambulances; and Demetrios Demetriades, MD, PhD, FACS, contends that the best transport is whatever is nearest and available ("load and go") to the nearest treatment facility. This debate promises to be spirited and informative.

As in past years, the interactive case management sessions held each afternoon of the meeting will be enhanced by electronic interactive participation. Panelists and moderators for these sessions include: H. Scott Bjerke, MD, Associate Fellow; Henry C. Cleveland,

MD, FACS; Lawrence M. Gentilello, MD, FACS; David N. Herndon, MD, FACS; Charles E. Lucas, MD, FACS; Frederick A. Moore, MD, FACS; David W. Tuggle, MD, FACS; and Michael J. Rosner, MD, FACS.

Additional faculty for the trauma meeting are: John W. Batdorf, MD, FACS; Edward E. Cornwell, MD, FACS; Robert C. Mackersie, MD, FACS; Ronald V. Maier, MD, FACS; Frank L. Mitchell, MD, FACS; and Erwin R. Thal, MD, FACS.

Further information may be obtained from Dr. Kenneth Mattox or Mary Allen at 713/798-4557 (tel.), 713/796-9605 (fax); e-mail: Redstart@aol.com, or call the ACS Trauma Department at 312/664-4050, ext. 342.

Be sure to stop by the Committee on Trauma booth in the convention center to obtain an advance copy of the Trauma and Critical Care—1997 program. Remember, we can only accommodate the first 900 registrants.

## Laparoscopy may be less detrimental to immune system than open procedures

**M**inimally invasive, or laparoscopic, surgery is being done for many clinical reasons, including repair of hiatal hernia and removal of a diseased uterus, ovary, colon, appendix, or gallbladder. It has not been routinely used in the treatment of cancer in abdominal organs, however, because

of the fear that malignant cells might escape and infiltrate normal tissue.

According to an experimental animal study reported yesterday at a session of the Owen H. Wangensteen Surgical Forum, however, a patient's immune system may not be as suppressed after a laparoscopic procedure as it is after a traditional open operation. "The

laparoscopic approach seems to have less of a detrimental effect on the immune response than does a traditional incisional procedure. It may be that patients will therefore be better able to immunologically reject any tumor cells that remain," Mark A. Talamini, MD, FACS, associate professor of surgery and director of minimally invasive surgery, Johns Hopkins Medical Center, Baltimore, MD, said.

Dr. Talamini explained that any type of surgical trauma causes some degree of immunosuppression, and "the bigger the operation, the more immunosuppression there is." The immunosuppression that occurs following a major operation is not seriously harmful to patients, however. "Millions of people are operated on every year, and they recover beautifully," he said. "The encouraging thing about our study is that patients may tolerate minimally invasive procedures and respond to their own tumors better after this kind of procedure as opposed to the open technique—the normal way we do the operation," he added.

Dr. Talamini and his associates examined two types of immune system responses—humoral immunity, which produces antibodies to foreign substances, and cellular immunity, which activates lymphocytes against tumor cells. Next, they compared the extent of immunosuppression after a laparoscopic procedure with the extent experienced after an open abdominal incision.

The researchers discovered that the

immune system of animals was suppressed after any type of intervention in the abdomen, but the degree of immunosuppression was significantly less following laparoscopy. Delayed-type hypersensitivity, which tests humoral immune response, dropped by nearly 50 percent in animals that had an open abdominal incision, but it fell only slightly in control animals and animals that underwent laparoscopy. Tumor rejection, which reflects the effectiveness of cellular immunity, was more evident in animals that underwent laparoscopy. Three of 20 animals that had an open abdominal incision redeveloped tumors within two weeks; none of the animals that had laparoscopy or that received anesthesia alone (control animals) experienced tumor recurrence.

In order to determine how a laparoscopic procedure affects the immune system, Dr. Talamini and his colleagues will be analyzing the subpopulations of white blood cells and cells from the spleen that may be responsible for the muted immunosuppression in various animals before testing whether laparoscopy elicits the same protective effect on the immune system in patients. "If the same mechanisms occur in humans, we may be able to say that this type of surgery should be better for patients' immune response than the traditional way," Dr. Talamini said.

Copies of the *Owen H. Wangensteen Surgical Forum, Volume XLVII*, are available for \$25 each in the general registration area of Moscone Center.

### Program Changes

#### General Sessions

In Wednesday morning's Cancer Symposium, entitled "Surgery Case Management Conference: Malignancies of the Neck," Robert J. Stratta, MD, FACS, was mistakenly listed as a member of the program.

#### Specialty Sessions

Dr. Nelson H. Goldberg will replace Mack L. Cheney on the Thursday morning Plastic Surgery panel discussion on "Contemporary Management of Soft Tissue Trauma of the Head and Neck."

#### Motion Picture Sessions

In Tuesday afternoon's Urological Surgery Motion Picture Session, the videotape entitled "Total Ureteroscopy" will be presented by co-author Michael Conlin, MD, Portland, OR.

In Tuesday afternoon's General Surgery Motion Picture Session II, Jon Perlstein, MD, Martinez, CA, replaces S. Weiss, MD, as co-author on the second film, which is entitled "Technical Steps in Laparoscopic Nissen Fundoplication."

#### Surgical Forum

"Alimentary Tract III: Small Intestine/Colon" is listed incorrectly in the "Daily Programs in Brief" section as occurring on Tuesday morning. The full program information, listing the time as 1:30 - 5:00 pm, is correct.



# San Diego hosts 25th Spring Meeting

**T**he 25th Annual ACS Spring Meeting will be held April 5-9, 1997, at the Hyatt Regency San Diego on San Diego Bay in California.

To emphasize its strong commitment to and support of general surgery, the American College of Surgeons devotes its annual Spring Meeting to the interests and needs of the practicing general surgeon.

The Advisory Council for Surgery has planned a program for the 1997 Spring Meeting, The Practicing General Surgeon in the 21st Century, that will be of interest to all general surgeons.

Postgraduate courses in "Image-Guided Breast Biopsy" and in "Ultrasound for the General Surgeon" will give hands-on introductions to these new and useful technologies that are becoming necessary tools for the modern general surgeon.

The Assembly for General Surgeons on Sunday, April 6, will focus on the changes in practice relationships and lifestyle, scientific advances, evolutions in surgical techniques, and new concepts in continuing medical education that will face the general surgeon in the 21st century.

Panels on gastroesophageal reflux disease, hernia, and the socioeconomic aspects of maintaining professionalism in practice will be complemented by postgraduate courses in current cancer management, critical care in trauma, minimal access surgery, and vascular surgery. The Film Program, entitled "Best of the 1996 Clinical Congress," and an array of social activities will round out an exciting spring program.

To enhance the educational value of this meeting, more than 50 companies will present products or services that relate to the practice of surgery.

Fellows, Associate Fellows, and Candidate Group members of the College will be receiving the 1997 Spring Meeting Advance Brochure and registration form in early January.

A preliminary program will be published in full in the January 1997 issue of the *Bulletin*. Further registration information may be obtained from Nancy Sutton at College headquarters, 55 E. Erie St., Chicago, IL 60611; tel. 312/664-4050.

## Registration totals

As of Monday afternoon, total registration for the Clinical Congress was 13,613. Of that number, 8,555 were physicians and 5,058 were exhibitors, guests, spouses, or convention personnel.

## 1997 Preliminary Program

### Saturday, April 5

#### POSTGRADUATE COURSE NO. 1

##### Image-Guided Breast Biopsy (A Hands-On Practicum)

###### Chairmen:

Kambiz Dowlat, MD, FACS, Chicago, IL  
Edgar D. Staren, MD, FACS, Chicago, IL  
Raphael E. Pollock, MD, FACS, Houston, TX

8 hours \$350

###### Lecture:

Saturday, April 5, 7:30 am - 12:00 noon

###### Workshops (select one):

A — Saturday, April 5, 1:00 - 5:30 pm  
B — Sunday, April 6, 7:30 am - 12:00 noon  
C — Sunday, April 6, 1:00 - 5:30 pm

### Sunday, April 6

#### ASSEMBLY FOR GENERAL SURGEONS

1:00-5:30 pm  
Hyatt Regency  
San Diego, CA

##### The Practicing General Surgeon in the 21st Century

Moderator: Jerry M. Shuck, MD, FACS, Cleveland, OH

###### Welcome and Introduction

Jerry M. Shuck, MD, FACS, Cleveland, OH

##### Who Will Be Your Employer? Who Will Be Your Partner?

Richard C. Thirlby, MD, FACS, Tampa, FL

##### What Will Your Lifestyle Be?

Sylvia D. Campbell, MD, FACS, Tampa, FL

##### Which Operations Will Come and Go?

Claude Organ, Jr., MD, FACS, Oakland, CA

##### How the Scope of Practice Is Altered by Advanced Surgical Technologies

Hiram C. Polk, MD, FACS, Louisville, KY

##### How Will Genetics and Molecular Biology Affect the General Surgeon? Practical Application

Glenn D. Steele, Jr., MD, FACS, Chicago, IL

**How Will We Continue to Learn and Keep Up? Continuing Medical Education in the 21st Century**  
Wallace P. Ritchie, MD, FACS, Philadelphia, PA

### Monday, April 7

8:30 - 10:30 am

##### Panel: Gastroesophageal Reflux Disease

Moderator: Tom R. DeMeester, MD, FACS, Los Angeles, CA

11:00 am - 12:00 noon

##### Excelsior Surgical Society/Edward D. Churchill Lecture: Neuroendocrine Design of the Gut

Lecturer: Haile T. Debas, MD, FACS, San Francisco, CA

12:00 noon - 3:30 pm

12:00 noon - 3:30 pm  
Exhibits Open

1:30 - 5:00 pm

##### Socioeconomic Panel Discussion: Maintaining Professionalism in the Future of Surgery

Moderator: Roger S. Foster, MD, FACS, Atlanta, GA

#### POSTGRADUATE COURSE NO. 2

##### Ultrasound for the General Surgeon (A Hands-On Practicum)

Chairman: Daniel J. Deziel, MD, FACS, Chicago, IL

5.5 hours \$200

###### Lecture:

Monday, April 7, 1:30 - 5:30 pm

###### Workshops (select one):

A — Tuesday, April 8, 7:30 - 9:30 am  
B — Tuesday, April 8, 10:00 am - 12:00 noon  
C — Tuesday, April 8, 1:00 - 3:00 pm  
D — Tuesday, April 8, 3:30 - 5:30 pm  
E — Wednesday, April 9, 7:30 - 9:30 am  
F — Wednesday, April 9, 10:00 am - 12:00 noon

5:00 - 7:00 pm  
Exhibits Open  
(Reception)

7:00 - 9:30 pm

##### Film Program: Best of the 1996 Clinical Congress

Introducer: Gerald O. Strauch, MD, FACS, Chicago, IL

### Tuesday, April 8

Each of the following Postgraduate Courses will be presented in two sessions:

Session I: 8:30 am - 12:00 noon  
Session II: 1:30 - 5:00 pm

#### POSTGRADUATE COURSE NO. 3

##### Controversial Issues in Cancer Management

Chairman: Robert M. Barone, MD, FACS, San Diego, CA

6 hours (2 sessions) \$125

#### POSTGRADUATE COURSE NO. 4

##### Minimal Access Surgery

Chairman: James C. Rosser, Jr., MD, FACS, New Haven, CT

6 hours (2 sessions) \$125

#### POSTGRADUATE COURSE NO. 5

##### Vascular Surgery, 1997

Chairman: John M. Porter, MD, FACS, Portland, OR

6 hours (2 sessions) \$125

#### POSTGRADUATE COURSE NO. 6

##### Monitoring Modalities in the ICU (A Hands-On Practicum)

Chairman: Frederick A. Moore, MD, FACS, Houston, TX

6 hours (2 sessions) \$175

### Wednesday, April 9

9:00 am - 12:00 noon

##### Plenary Session: Recurrent Hernia

Moderator: Robert M. Zollinger, Jr., MD, FACS, Cleveland, OH

The Spring Meeting will conclude at 12:00 noon on Wednesday, April 9, 1997.

###### Registration fees

Fellows: No fee  
Associate Fellows: No fee  
Participants in the ACS Candidate Group: No fee  
Guest physicians: \$225  
Residents and Allied Health: \$100  
Commercial Representative: \$225  
(Fees are subject to change)



## Tuesday

### Morning

#### Neoprobe Corporation

6:00 am - 8:15 am. Breakfast meeting.  
Hilton, Bldgs. 1, 2, 3, Ballroom level,  
Franciscan C.

#### Collegium Internationale Chirurgiae Digestivae

6:30 am - 8:00 am. Breakfast meeting.  
Marriott, Lower B-2, Salon 10.

#### Editorial Board of the *Journal of the American College of Surgeons*

7:00 am - 8:00 am. Breakfast meeting.  
Hilton, Bldgs. 1, 2, 3, Lobby level,  
Plaza A.

#### Surgical Journal Editors

7:00 am - 8:30 am. Breakfast meeting.  
Hilton, Bldg. 3, Floor 4, Union  
Square 7.

#### Association for Surgical Education, Committee on Computers

7:00 am - 8:30 am. Breakfast meeting.  
Parc Fifty-Five, Floor 4, Raphael.

#### American College of Surgeons, Indiana Chapter

7:00 am - 9:00 am. Breakfast meeting.  
Hilton, Bldgs. 1, 2, 3, Ballroom level,  
Franciscan B.

#### American Society of Colon and Rectal Surgeons, Young Surgeons Committee

7:30 am - 8:30 am. Breakfast meeting.  
Hilton, Bldg. 3, Floor 4, Union  
Square 9.

#### American Society of Colon and Rectal Surgeons, Socioeconomic Committee

10:00 am - 12:00 noon. Meeting.  
Hilton, Bldg. 3, Floor 4, Union  
Square 11.

#### Society for Surgery of the Alimentary Tract

11:00 am - 3:00 pm. Luncheon.  
Marriott, Lower B-2, Salon 11.

#### Panamerican Trauma Society

11:30 am - 1:30 pm. Luncheon.  
Marriott, Lower B-2, Nob Hill A.

### Afternoon

#### National Medical Association Surgical Section

12:00 noon - 1:00 pm. Luncheon.  
Hilton, Bldgs. 1, 2, 3, Lobby level,  
Plaza B.

#### American Society of General Surgeons

12:00 noon - 1:30 pm. Luncheon.  
Hilton, Bldgs. 1, 2, 3, Ballroom level,  
Continental 6.

### Evening

#### University of Mississippi Surgical Society/University of Mississippi Medical Center Department of Surgery

5:00 pm - 6:00 pm. Meeting.  
Hilton, Bldgs. 1, 2, 3, Ballroom level,  
Continental 7.

#### Tulane University

5:30 pm - 7:00 pm. Reception.  
Hilton, Bldgs. 1, 2, 3, Ballroom level,  
Continental 6.

#### University of California, San Diego, Department of Surgery

5:30 pm - 7:30 pm. Reception.  
Mark Hopkins Intercontinental, Floor  
2, Six Continents.

#### SUNY HSC Syracuse Department of Surgery

5:30 pm - 7:30 pm. Reception.  
Hilton, Bldg. 3, Floor 4, Union  
Square 25.

#### University of Rochester Surgical Alumni & Associates

5:30 pm - 7:30 pm. Reception.  
Hilton, Bldgs. 1, 2, 3, Ballroom level,  
Yosemite B.

#### American College of Surgeons, Brooklyn and Long Island Chapter

5:30 pm - 7:30 pm. Reception.  
Westin St. Francis, Floor 2, Elizabe-  
than B.

#### University of Chicago Surgery Department

5:30 pm - 7:30 pm. Reception.  
Mark Hopkins Intercontinental, Floor  
1, Room of the Dons.

#### James D. Rives Surgical Society

5:30 pm - 7:30 pm. Reception.  
Westin St. Francis, Floor 2, Elizabe-  
than A.

#### Baylor College of Medicine

5:30 pm - 8:00 pm. Reception.  
Bldgs. 1, 2, 3, Lobby level, Plaza B.

#### University of Cincinnati Department of Surgery

5:30 pm - 8:30 pm. Reception.  
Bldgs. 1, 2, 3, Lobby level, Plaza A.

#### American Society of Surgeons of Indian Origin

6:00 pm. Dinner meeting.  
Gaylord's, Ghirardelli Square, 900 N.  
Point.

#### Wayne State University Alumni Association

6:00 pm - 7:30 pm. Reception.  
Westin St. Francis, Mezzanine level,  
Georgian.

#### University of Louisville Department of Surgery, Alumni, Friends, and Faculty

6:00 pm - 7:30 pm. Reception.  
Hilton, Bldg. 2, Grand Ballroom level,  
Grand Salon A.

#### Georgetown University

6:00 pm - 7:30 pm. Reception.  
Parc Fifty-Five, Floor 3, Barcelona II.

#### Deterling Surgical Society/Tufts University School of Medicine

6:00 pm - 8:00 pm. Reception.  
Hilton, Bldg. 3, Floor 4, Union  
Square 12.

#### Beth Israel Deaconess Medical Center

6:00 pm - 8:00 pm. Reception.  
Westin St. Francis, Floor 2, California  
West.

#### Albany Medical College Surgical Alumni

6:00 pm - 8:00 pm. Reception.  
Fairmont Hotel, Mezzanine level,  
California.

#### Medical College of Virginia

6:00 pm - 8:00 pm. Reception.  
Westin St. Francis, Mezzanine level,  
Colonial.

#### University of North Carolina Surgical Alumni/Nathan A. Womack Surgical Society

6:00 pm - 8:00 pm. Reception.  
Hilton, Bldgs. 1, 2, 3, Ballroom level,  
Yosemite C.

#### Roy D. McClure Surgical Alumni Association of Henry Ford Hospital

6:00 pm - 8:00 pm. Reception.  
Hilton, Bldgs. 1, 2, 3, Ballroom level,  
Franciscan A.

#### Northwestern Alumni

6:00 pm - 8:00 pm. Reception.  
Hilton, Bldgs. 1, 2, 3, Ballroom level,  
Continental 9.

#### University of Pittsburgh

6:00 pm - 8:00 pm. Reception.  
Hilton, Bldg. 3, Floor 4, Union  
Square 15-16.

#### University of California, Davis, Surgical Association

6:00 pm - 8:00 pm. Reception.  
Hilton, Bldg. 3, Floor 4, Union  
Square 22.

#### Maimonides Surgical Society

6:00 pm - 8:00 pm. Reception.  
Hilton, Bldg. 3, Floor 4, Union  
Square 9.

#### Jefferson Medical College

6:00 pm - 8:00 pm. Reception.  
Westin St. Francis, Floor 2, Elizabe-  
than D.

#### University of Utah Health Sciences Center

6:00 pm - 8:00 pm. Reception.  
Westin St. Francis, Mezzanine level,  
Borgia.

#### Memorial Sloan-Kettering Cancer Center Alumni Association

6:00 pm - 8:00 pm. Reception.  
Hilton, Floor 45, Vista.

#### American College of Surgeons, Maryland Chapter, and University of Maryland Surgical Society

6:00 pm - 8:00 pm. Reception.  
Westin St. Francis, Floor 2, Essex.

#### University of Minnesota Department of Surgery

6:00 pm - 8:00 pm. Reception.  
Fairmont Hotel, Lobby level, Vene-  
tian.

#### Columbia-Presbyterian Medical Center Department of Surgery

6:00 pm - 8:00 pm. Reception.  
Fairmont Hotel, Lobby level, Pavil-  
ion.

#### New York Medical College Surgical Society

6:00 pm - 8:00 pm. Reception.  
Fairmont Hotel, Lobby level, Garden.

#### University of Iowa Department of Surgery Alumni Association

6:00 pm - 8:00 pm. Reception.  
Parc Fifty-Five, Floor 2, Corintia.

#### Will C. Sealy Surgical Society/Mercer University School of Medicine

Department of Surgery  
6:00 pm - 8:00 pm. Reception.  
Parc Fifty-Five, Floor 4, Dante.

#### American College of Surgeons, North Texas Chapter

6:00 pm - 8:00 pm. Reception.  
Parc Fifty-Five, Floor 3, Sienna.

#### University of Buffalo Medical Alumni Association and Department of Surgery

6:00 pm - 8:00 pm. Reception.  
Parc Fifty-Five, Floor 4, Rubens.

#### University of Maryland Medical Alumni Association

6:00 pm - 8:00 pm. Reception.  
Parc Fifty-Five, Floor 4, Parc I.

#### Indiana University School of Medicine Alumni Association and Department of Surgery

6:00 pm - 8:00 pm. Reception.  
Marriott, Lower B-2, Salon 10.

#### Mount Sinai Medical Center

6:00 pm - 8:00 pm. Reception.  
Marriott, Floor 5, Sierra A.

#### American College of Surgeons, South Carolina Chapter

6:00 pm - 8:00 pm. Reception.  
Marriott, Lower B-2, Nob Hill B.

#### Cleveland Clinic Alumni Association

6:00 pm - 8:00 pm. Reception.  
Marriott, Lower B-2, Nob Hill C.

#### Columbia-Presbyterian Medical Center Department of Surgery/ Association of the Alumni, College of Physicians and Surgeons of Columbia University

6:00 pm - 8:00 pm. Reception.  
Fairmont Hotel, Pavilion Room.

(continued on page 7)



# National Trauma Data Bank taking shape

**W**hen the College's Board of Regents approved the undertaking of a trauma registry program several years ago, it did so with the clear purpose of eventually developing a national trauma registry that would provide data on injury from the entire United States, with the ultimate goal of improving care of trauma patients nationwide. The trauma registry program has evolved into the National Trauma Data Bank (NTDB) of the American College of Surgeons.

Under the guidance of David B. Hoyt, MD, FACS, the Chairman of the

Trauma Registry Subcommittee of the American College of Surgeons, tremendous progress has been achieved over the past year in the design of the NTDB. A small collaborative group—comprised of Committee on Trauma members, trauma registry vendors, governmental agencies (including the Centers for Disease Control and Prevention, Health Resources Services Administration, and the National Highway Traffic Safety Administration), and other interested parties—was established and has actively undertaken the design and structure of the NTDB.

The group began their work by com-

paring the data elements used by 21 different registries. This information provided appropriate background in defining the goals and purposes of the NTDB. It also helped identify and define a uniform data set which is collected on the local level yet is useful on a national level to generate meaningful reports. The completed work to date has been summarized in the *NTDB Data Dictionary* document that is available upon request.

With the groundwork now complete, the development of the database program that will serve as the central repository has begun. Efforts to collect

data from a variety of trauma registries is under way and several facilities and vendors have already agreed to participate in the initial NTDB testing efforts. In addition, the operating and procedural manual that addresses data security and access is in development.

After years of work, the NTDB is close to becoming a reality, with initial operations anticipated within the next few months. To learn more about the NTDB or to receive a copy of the *NTDB Data Dictionary*, stop by the NTDB booth in the registration area of Moscone Center, or call 312/649-4045.

## ALLIED MEETINGS, from page 6

**University of Massachusetts Department of Surgery**  
6:00 pm - 8:00 pm. Reception.  
Hilton, Bldgs. 1, 2, 3, Ballroom level, Franciscan B.

**University of Illinois Department of Surgery**  
6:00 pm - 8:00 pm. Reception.  
Marriott, Floor 4, Pacific H.

**Loyola University Department of Surgery**  
6:00 pm - 9:00 pm. Reception.  
Hotel Monaco, Floor 1, Room TBA.

**Ravdin-Rhoads Surgical Society**  
6:00 pm - 10:00 pm. Reception/  
dinner.  
Fairmont Hotel, Terrace, Vanderbilt.

**Bowman Gray School of Medicine Department of Surgery**  
6:30 pm - 7:30 pm. Reception.  
Hilton, Bldg. 3, Floor 4, Union Square 10.

**Hospital of Saint Raphael General Surgery**  
6:30 pm - 7:30 pm. Reception.  
Hilton, Bldg. 3, Floor 4, Union Square 11.

**Lahey-Hitchcock Clinic**  
6:30 pm - 8:00 pm. Reception.  
Hilton, Bldg. 3, Floor 4, Union Square 5.

**Fairview Hospital/Health Cleveland General Surgery Alumni**  
6:30 pm - 8:00 pm. Reception.  
Hilton, Bldg. 3, Floor 4, Union Square 8.

**Duke University Surgical Alumni**  
6:30 pm - 8:00 pm. Reception.  
Fairmont Hotel, Lobby level, Fountain.

**Mayo Clinic Alumni Association**  
6:30 pm - 8:00 pm. Reception.  
Fairmont Hotel, Lobby level, Gold.

**New Jersey University Programs/American College of Surgeons, New Jersey Chapter/Benjamin F. Rush, Jr., Surgical Society**  
6:30 pm - 8:00 pm. Reception.  
Parc Fifty-Five, Floor 3, Barcelona I.

**Medical Center of Delaware Department of Surgery**  
6:30 pm - 8:00 pm. Reception.  
Marriott, Lower B-2, Nob Hill A.

**Northeastern Ohio Universities College of Medicine Department of Surgery**  
6:30 pm - 8:00 pm. Reception.  
Marriott, Lower B-2, Nob Hill D.

**Medical College of Pennsylvania/Hahnemann University Departments of Surgery**  
6:30 pm - 8:30 pm. Reception.  
Marriott, Lower B-2, Salon 11.

**University of Michigan Alumni**  
6:30 pm - 8:30 pm. Reception.  
University Club, Floor 1, Room TBA.

**Washington University School of Medicine**  
6:30 pm - 8:30 pm. Reception.  
Hilton, Bldgs. 1, 2, 3, Ballroom level, Yosemite A.

**University of Toronto**  
6:30 pm - 8:30 pm. Reception.  
Hilton, Bldgs. 1, 2, 3, Ballroom level, Franciscan C.

**McGill University Department of Surgery**  
6:30 pm - 8:30 pm. Reception.  
Hilton, Bldgs. 1, 2, 3, Ballroom level, Franciscan D.

**University of Wisconsin Department of Surgery**  
6:30 pm - 9:00 pm. Reception.  
Parc Fifty-Five, Floor 4, DaVinci I.

**Society of Philippine Surgeons in America**  
6:30 pm - 12:00 midnight. Reception/  
dinner.  
Marriott, Lower B-2, Salon 13.

**AUB Alumni Surgical Society**  
7:00 pm - 8:00 pm. Reception.  
Westin St. Francis, Floor 2, Oxford Room.

**Chirurgio Society**  
7:00 pm - 8:00 pm. Reception.  
Fairmont Hotel, Lobby level, Crystal.

**Friends of Bill W**  
7:00 pm - 8:30 pm. Meeting.  
Hilton, Bldg. 3, Floor 4, Union Square 1.

**Medical College of Georgia Department of Surgery/American College of Surgeons, Georgia Chapter**  
7:00 pm - 9:00 pm. Reception.  
Marriott, Floor 5, Sierra B.

**University of Virginia Department of Surgery**  
7:00 pm - 10:00 pm. Reception.  
Hilton, Bldgs. 1, 2, 3, Ballroom level, Continental 3.

**Boston University Medical Center Hospital Division of Surgery**  
7:00 pm - 10:00 pm. Reception.  
Parc Fifty-Five, Floor 4, Cervantes.

**American College of Surgeons, Puerto Rico Chapter**  
7:00 pm - 10:00 pm. Reception.  
Marriott, Lower B-2, Salon 12.

**Christian Medical and Dental Society**  
7:00 pm - 10:00 pm. Dinner.  
Hilton, Bldgs. 1, 2, 3, Ballroom level, Continental 7.

**Jefferson Medical College**  
8:00 pm - 10:00 pm. Dinner.  
Westin St. Francis, Floor 2, Elizabethan C.

**AUB Alumni Surgical Society**  
8:00 pm - 10:30 pm. Dinner.  
Westin St. Francis, Floor 2, Kent Room.

## Wednesday

### Morning

**International Society of Surgery, U.S. Chapter**  
6:45 am - 8:00 am. Breakfast meeting.  
Hilton, Bldgs. 1, 2, 3, Ballroom level, Continental 8.

**Association of Women Surgeons**  
7:00 am - 8:30 am. Breakfast.  
Westin St. Francis, Floor 2, California East.

**American Society of Colon and Rectal Surgeons—Cooperative Clinical Trials**  
7:00 am - 8:30 am. Breakfast meeting.  
Hilton, Bldg. 3, Floor 4, Union Square 7.

**American Society of Colon and Rectal Surgeons—Young Researchers Committee of RF**  
7:00 am - 8:30 am. Breakfast meeting.  
Hilton, Building 3, Floor 4, Union Square 8.

**Mosby Yearbook, Inc.**  
7:00 am - 9:00 am. Breakfast meeting.  
Hilton, Bldgs. 1, 2, 3, Ballroom level, Franciscan A.

**American Society of Colon and Rectal Surgeons—Self-Assessment Committee**  
7:30 am - 4:30 pm. Breakfast/luncheon.  
Hilton, Bldg. 3, Floor 4, Union Square 9.

**American Society of Colon and Rectal Surgeons—Committee on Technologies**  
8:00 am - 10:00 am. Breakfast meeting.  
Hilton, Bldg. 3, Floor 4, Union Square 16.



# Clinical trial combines genetic and immunologic therapies for metastatic breast cancer

**T**wenty women with metastatic breast cancer are participating in the first clinical trials of a treatment that capitalizes on the latest in genetic and immunologic science. The women are receiving a vaccine designed to stimulate an immune response against their own tumors. Once the safety of this aspect of the treatment is ensured, the vaccine will be used to generate T lymphocytes that are especially lethal to breast cancer metastases. Preliminary research involving this treatment was reported yesterday at sessions of the Owen H. Wangensteen Surgical Forum that took place in Moscone Center.

In future clinical trials, the vaccine may be given to women after breast cancer surgery or high-dose chemotherapy and bone marrow transplantation. The hope is that the vaccine will cause the body to produce large numbers of tumor-specific T lymphocytes in the bloodstream. A portion of these T lymphocytes then could be withdrawn from the blood, multiplied in tissue culture, and reinfused into the women to initiate a massive immune system retaliation against breast can-

cer and increase survival.

"This type of cytoreductive therapy is completely new," according to H. Kim Lyster, MD, FACS, associate professor of surgery, Duke University Medical School, Durham, NC. "It puts together all of the state-of-the-art cancer treatment technologies into something that may be much more effective than anything that has been tried before for metastatic breast cancer," Dr. Lyster said.

Current treatments for metastatic breast cancer, such as high-dose chemotherapy and bone marrow transplantation, have not had a definite effect on long-term survival. "Treatments to eradicate metastatic breast cancer completely are limited, and even those that eradicate clinically evident disease do not lead to survival benefits," Dr. Lyster explained.

Adoptive transfer of tumor-specific lymphocytes has elicited strong immune responses in women with particularly recalcitrant metastatic breast cancer. However, the high doses of cytokines needed to produce the lymphocytes have caused toxicities in the blood, lungs, and kidneys. The meth-

ods used to generate the lymphocytes also have not produced sufficient numbers of tumor-specific immune system cells to overcome metastases.

The new form of cytoreductive therapy requires lower doses of cytokines because they are not delivered through the bloodstream; they are delivered by genetically manipulating the tumor itself. "In a genetically modified tumor, the cytokine is released by the tumor. It surrounds the tumor; so its high concentrations occur close to the tumor where they are needed," Dr. Lyster explained.

Cytoreductive therapy also may produce greater numbers of tumor-specific lymphocytes. During standard adoptive transfer immunotherapy, lymphocytes are grown from a sample of tumor that has been extracted from a patient. With cytoreductive therapy, tumor-specific lymphocytes may be obtained from the peripheral blood. "All the lymphocytes that are circulating in the bloodstream may be utilized, and, as you can imagine, there are much greater numbers of these lymphocytes in the blood than there are in a tumor sample," he added.

Animal experiments have been conducted to generate tumor-specific lymphocytes from metastatic breast tumors that were genetically modified. These experiments not only produced T lymphocytes that recognized breast cancer, they also showed that adoptive transfer of the lymphocytes would significantly increase survival, Dr. Lyster reported.

In an experimental model of metastatic breast cancer that caused the death of all animals within 40 days, 90 percent of animals treated with cytoreductive therapy lived longer than 50 days. The results of these experiments led to the Phase I clinical trial of cytoreductive therapy in 20 women that is currently under way.

Members of the research team also included Eamonn Coveney, MD, FRCSI; Bryan Clary, MD; and Ramila Philip, PhD.

Copies of the *Owen H. Wangensteen Surgical Forum, Volume XLVII*, are available for \$25 each in the general registration area of Moscone Center.

## Jim Henry offers College jewelry

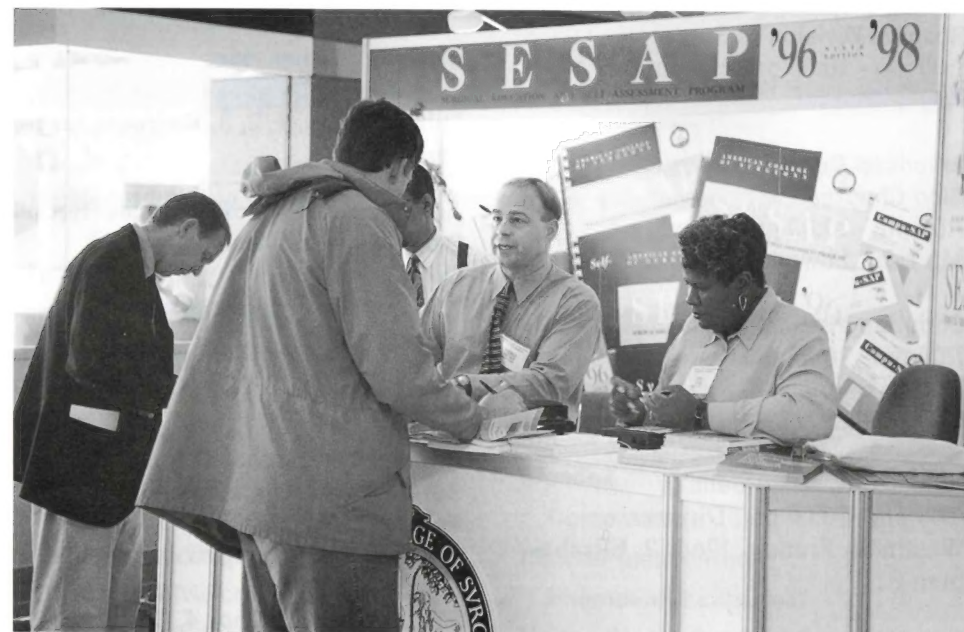
Jim Henry, Inc., has offered ACS Fellows official College ties and jewelry for over 40 years. The company began an association with the College in 1953, offering cuff links, tie bars, key chains with emblems, and charms for spouses. In 1955, Jim Henry began making the Fellowship certificates and expanded the line of accessories to include the ACS tie in two colors for men and women, blazer patches, blazer buttons, tie tacs, and more. Today, Jim Henry manufactures special plaques and desk accessories and a popular custom-designed ring with the College seal.

Jim Henry, Inc., is a family-owned business located in St. Charles, IL, that

was started in 1938. Today, it is managed by Jim Henry (president), his two sons, and other employees.

According to Mr. Henry: "We are very proud of the items we offer to the Fellows of the College. Indeed, the Fellowship certificate is one of the most beautiful and intricate documents we make, requiring some 16 runs through the engraving press. We feel privileged to have served the College, one of the most prestigious medical organizations in the world, for over 40 years."

Interested Fellows are encouraged to stop by the Jim Henry booth (2309) in the technical exhibit area.



Be sure to stop by the SESAP booth in the lobby registration area at Moscone Center.

## Congress Chronicle

### The need to become trauma conscious

Forty years ago Michael L. Mason, MD, FACS, professor of surgery at Northwestern University, Chicago, IL, presented the Oration on Trauma during the 1956 Clinical Congress that was held in San Francisco.

In speaking about the large-scale treatment of open wounds, Dr. Mason told the audience: "...the programs of the College have stressed the care of mass casualties, not only those due to civilian disasters, but also those from modern warfare... The important thing is that we become trauma conscious; that we recognize the need for more and better training in the handling of injuries. If some of the diseases for

which special campaigns have been set up caused one tenth the mortality, misery, financial loss, and disability that trauma does, of if we were threatened with an epidemic one thousandth as serious as nuclear warfare, the country would go hysterical in campaigns to eradicate the disease and to train doctors in its management. Those of us in the profession must do all we can to acquaint the public with its magnitude."

Anna M. Ledgerwood, MD, FACS, presents the Scudder Oration on Trauma at 1:30 pm in Room 134 of Moscone Center.

### ACS website can be viewed during Congress

The Committee on Informatics is sponsoring a booth next to the ACS Resource Center that will enable attendees to "surf" the Internet and view firsthand the College's home page and website. Four stations are available—three IBM and one Macintosh—along with a presentation station with a wireless sound system and four 27-inch televisions viewable from 360 degrees.

In addition, a stand-alone computer is on-site to allow Fellows to enter their

e-mail addresses and indicate their willingness to be listed in an Internet directory that is currently under consideration.

Members of the Committee on Informatics and College staff are available to talk with visitors. Periodic demonstrations by representatives of the National Library of Medicine will also be conducted during the week.

The Informatics booth is open Sunday 10:00 am to 6:00 pm and Monday through Thursday, 7:30 am to 5:00 pm.